

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JERRY PAGAN

19 CV 5677

No. _____

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

Bellvue Hospital against-
Hospital
CO Smith 15957 copra to o-over
CAPTAIN FLEMING 686/BHS

DOCTOR me knie farkas supervisor
DOCTOR JOSH K SHANTA MS BONAPPE DR COLLEA

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

RECEIVED
SDNY PRO SE OFFICE
2019 JUN 18 PM 12:43
S.D. OF N.Y.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

1

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: corruption conspiracy

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

JERRY	X	PAGAN
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

0981-75362

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held) 191076 16026

BELLEVUE Hospital Prison Ward 1st Ave 26-27th Manhattan NY
Current Place of Detention

RICE AMAL C-95 18-18 HARRIS ST East Elmhurst NY
Institutional Address

<u>Queens</u>	<u>USA</u> <u>NEW YORK</u>	<u>11370</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner

☒ Other: Doc custody

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Smith	Last Name	15957
Current Job Title (or other identifying information)	CO		
Current Work Address	Bellevue Hospital 462 1st Ave 26-27 st 19W76		
County, City	MANHATTAN	State	USA NEW YORK 10016
			Zip Code

Defendant 2:

First Name	FLIMING	Last Name	686
Current Job Title (or other identifying information)	CO CAPTAIN		
Current Work Address	Bellevue Hospital 462 1st Ave 26-27 st 19W76		
County, City	MANHATTAN	State	USA NEW YORK 10016
			Zip Code

Defendant 3:

First Name	Supervisor	Last Name	
Current Job Title (or other identifying information)	Bellevue Hospital 462 1st Ave 26-27 st 19W76		
Current Work Address	MANHATTAN		
County, City	MANHATTAN	State	USA NEW YORK 10016
			Zip Code

Defendant 4:

First Name	Doctor	Last Name	
Current Job Title (or other identifying information)	Unit Chief		
Current Work Address	Bellevue Hospital 462 1st Ave 26-27 st 19W76		
County, City	MANHATTAN	State	USA NEW YORK 10016
			Zip Code

MS-BONAFE Supervisor

BHS assigned on the date of incident- Page 3

Bellevue Hospital 462 1st Ave 26-27st 19W

3

V. STATEMENT OF CLAIM

Place(s) of occurrence: 19W HawaiiDate(s) of occurrence: 1-30-2001 21 2001

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Inmate Carter William NRSID 019 42 to 414, Btc # 241-18-031761 and martunovich Awher arrest # 119 42 to 44. Btc 241-18-082610, forced fight me and both inmates choked me to the extent of blacking out, loss of breath, dizzy and frightened for my life as I felt as if I would die. I broke loose and BHS Mike stopped the fight finally. Others, including CO's didn't break the situation up as if that's a certain time setup. CO Smith 25937 lied on infraction, and captain ⁶⁸⁶ Fleming involved. Both inmates remained near me. Carter left and came back and fight me as he disobeyed (Staffs) (CRHS) orders to stay away from my side. They tried to kill me for the willing to talk on my lawyer and others, and present about my case. I think somebody tried to set me up.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mark Broeze on right chest near nipple area.
 Trust issues about safety of custody
 Paranoid.
 Negligence
 Violation of 42 USC § 1983 & amendment

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Press charges on both inmates
 BHS observation more closely
 Investigation on camera footage about
 each day's of incidents.
 19 million Dollars
 Classification of patience proportionally

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated <u>MAY 21 2019</u>		Plaintiff's Signature <u>[Signature]</u> PABAN
First Name <u>BEHAVIOR</u>	Middle Initial <u>X</u>	Last Name <u>26-27 19W76</u>
Prison Address <u>MANHATTAN</u>	State <u>USA</u>	Zip Code <u>10026</u>
County, City <u>NEW YORK</u>	State <u>NEW YORK</u>	Zip Code <u>10026</u>

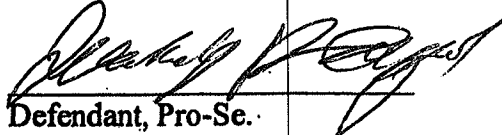
Date on which I am delivering this complaint to prison authorities for mailing: 6/11/2019

No previous application for the relief sought herein has been made.

WHEREFORE, your deponent prays for an order dismissing the indictment, and

for such other and further relief as court may
seem just and proper.

Respectfully submitted,


Defendant, Pro-Se.

Sworn to before me this

18th day of May, 2019


NOTARY PUBLIC

Audrey A. Jeffrey BA JD
Notary Public, State of New York
No. 01JE6066330
Qualified in New York County
Commission Expires Nov. 13, 2021

Lies about what happened. I got
choked by both inmates, Carter &
Shaw everything.

January, 30, 200019 approximately 2015 at Bellevue
 hospital 462 1st Avenue 26-27 New York NEW YORK 10016
 19 WEST Hallway while standing near my room, as INMATE
 WILLIAM CARTER and Martunovich ARTHUR, gang asavitar
 019927044
 BAC#242-18-03961 K19603000-Y

ME and placed me on the coking position. Both
 INMATES. Staff assigned on that date and times neglected
 me for a long time. MIKE STAFF told me that he
 interacted and ~~removed~~ other INMATES, above NAMES, from
 continuing attacking me. The struggle situation escalated
 for a long enough time. William Carter got removed,
 and came back, which fight accured while he verbally
 escalated provoked me to fight him, I told a nurse before
 this happened and disregard response.

I GLEC ☒ Staff

☒ Action request on date of incident camera
 View investigation above above to hold as
 evidence. please hold camera view.

☒ I expect to press charges
 and shall need assistance.

☒ Remove both inmates, then trouble
 starters.

☒ INVESTIGATION PLEASE

GRIEVANCE

CORRECTION DEPARTMENT CITY OF NEW YORK

REPORT AND NOTICE OF INFRACTION

 Form: 6800A
 Rev.: 06/04/16
 Ref.: Dir. #6600R-C

Infraction #:	Institution: <u>B.N.P.W.</u>	Date of Incident: <u>01/30/19</u>	Time Infraction Written: <u>2:15 hrs.</u>	Date of Report: <u>01/30/19</u>
Inmate Name (Last, First): <u>PAGAN, JERRY</u>		B&C Sentence #: <u>241-16-08260</u>		NYSID #: <u>09817536Q</u>
Location of Incident (Be Specific): <u>19 West in front of room # 64</u>		Housing Area Location: <u>19 West</u>		Approximate Time of Incident: <u>2:15</u> Hrs.
Charge # <u>101.14</u>	Offense <u>Assault + fighting</u>	Charge # <u>120.10</u>	Offense <u>Refusal to obey a direct order.</u>	
Reporting Official (Print Name, Rank and Shield #): <u>Smith C.O. 15957</u>			Reporting Official (Signature): <u>Smith</u>	

Details of Incident (Include details as to How, When and Where Infraction was Committed):

On January 30, 2019 at approximately 2:15 hours, I, C.O. Smith #15957 observed inmate Carter, William NYSID #019427044, B+C #241-16-039761 and inmate Martunovich, Arthur arrest #K19603000-Y (police case) assault Pagan, Jerry inmate NYSID #09817536Q, B+C #241-16-08260 with their closed fists, punching the facial and upper torso areas. Inmate Pagan was exchanging punches with his closed fists to the facial and upper torso areas of the other 2 inmates in defending himself. I gave several direct orders for all 3 above mentioned inmates to stop fighting and medical staff intervened and separated all 3 inmates without further incident. The area supervisor was immediately notified.

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

At your hearing you have the following rights:

1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.
2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.
3. Right to present material evidence.
4. Right to present witnesses.
5. Right to the assistance of a Hearing Facilitator.
6. Right to an interpreter if you cannot communicate well enough in English.
7. Right to appeal.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

1. Reprimand.
2. Loss of privileges.
3. Loss of good time if you are a sentenced inmate.
4. Punitive segregation for up to thirty (30) days per each applicable individual charge.
5. Restitution for intentionally damaging or destroying City property.

A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.

Interpreter Requested: ☐ Yes (If yes, include what language) ☒ No

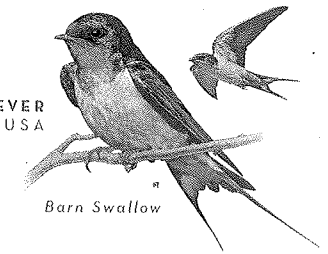
Hearing Facilitator Requested: ☐ Yes ☒ No

Jerry Pagan
Bellevue Hospital
462 1st Ave.
New York NY 10026

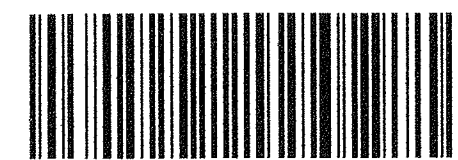


U.S. POSTAGE PAID
FCM LETTER
NEW YORK, NY
10002
JUN 13, 19
AMOUNT
\$6.45
R2304H108711-12

REVER
USA



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7017 2620 0000 5526 8753

U.S. MAIL
SLIP

United States District Court.
Southern District of New York.

Pro Se office.
500 Pearl St.

**RETURN RECEIPT
REQUESTED**

New York NY 10007

1000731332 0714